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Bib Data Sheet

CONFIRMATION NO. 7349

SERIAL NUMBER 09/518,790	FILING DATE 03/03/2000 RULE	CLASS	GROUP ART UNIT 2645	ATTORNEY DOCKET NO. 8285/337
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APPLICANTS

Robert Wesley Bossemeyer, St. Charles, IL;
Mendel Keith Hamrick, Algonquin, IL;
Kelly Ann Multach, San Antonio, TX;
Elizabeth Marie Hart, Lake Zurich, IL;
Kevin D. Kaschke, Hoffman Estates, IL;
Mary Louise Hardzinski, Longmont, CO;
Thomas Joseph McBlain, Arlington Heights, IL;

none AP

** CONTINUING DATA *****

THIS APPLICATION IS A CIP OF 09/391,425 09/08/1999
WHICH IS A CIP OF 09/240,522 01/29/1999

none ATP

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE
GRANTED ** 05/11/2000

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY IL	SHEETS DRAWING 16	TOTAL CLAIMS 48	INDEPENDENT CLAIMS 15
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS

757

TITLE

Distributed text-to-speech synthesis between a telephone network and a telephone subscriber unit

**FILING FEE
RECEIVED**
2260

FEES: Authority has been given in Paper
No. _____ to charge/credit DEPOSIT ACCOUNT
No. _____ for following:

<input type="checkbox"/> All Fees
<input type="checkbox"/> 1.16 Fees (Filing)
<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
<input type="checkbox"/> 1.18 Fees (Issue)
<input type="checkbox"/> Other _____
<input type="checkbox"/> Credit



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SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/518,790	03/03/2000	379	2748	8285/337
	RULE			

APPLICANTS

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Kevin D. Kaschke, Hoffman Estates, IL ;
Mary Louise Hardzinski, Longmont, CO ;
Thomas Joseph McBlain, Arlington Heights, IL ;

** CONTINUING DATA *****

THIS APPLICATION IS A CIP OF 09/391,425 09/08/1999 - patent #
WHICH IS A CIP OF 09/240,522 01/29/1999 - patent #6,400,809

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE

GRANTED ** 05/11/2000

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY IL	SHEETS DRAWING 16	TOTAL CLAIMS 48	INDEPENDENT CLAIMS 15
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS

Brinks Hofer Gilson & Lione
NBC Tower Suite 3600
P O Box 10395
Chicago ,IL 60610

TITLE

Distributed text-to-speech synthesis between a telephone network and a telephone subscriber unit

FILING FEE RECEIVED 2260	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
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		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit



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BIBDATASHEET

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CONFIRMATION NO. 7349

SERIAL NUMBER 09/518,790	FILING DATE 03/03/2000 RULE	CLASS 379	GROUP ART UNIT 2645	ATTORNEY DOCKET NO. 8285/337
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APPLICANTS

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 Thomas Joseph McBlain, Arlington Heights, IL;

**** CONTINUING DATA *******

This application is a CIP of 09/391,425 09/08/1999 PAT 6,466,653
 which is a CIP of 09/240,522 01/29/1999 PAT 6,400,809

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
**** 05/11/2000**

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY IL	SHEETS DRAWING 16	TOTAL CLAIMS 48	INDEPENDENT CLAIMS 15
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS
 757
 BRINKS HOFER GILSON & LIONE
 P.O. BOX 10395
 CHICAGO , IL
 60610

TITLE
 Distributed text-to-speech synthesis between a telephone network and a telephone subscriber unit

<input type="checkbox"/> All Fees

<p>FILING FEE</p> <p>RECEIVED 2260</p>	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p>	<table border="1"> <tr> <td><input type="checkbox"/></td> <td>1.16 Fees (Filing)</td> </tr> <tr> <td><input type="checkbox"/></td> <td>1.17 Fees (Processing Ext. of time)</td> </tr> <tr> <td><input type="checkbox"/></td> <td>1.18 Fees (Issue)</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Other _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Credit</td> </tr> </table>	<input type="checkbox"/>	1.16 Fees (Filing)	<input type="checkbox"/>	1.17 Fees (Processing Ext. of time)	<input type="checkbox"/>	1.18 Fees (Issue)	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	Credit
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<input type="checkbox"/>	1.18 Fees (Issue)											
<input type="checkbox"/>	Other _____											
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